

**STATEMENT OF REGISTRATION OF DOMESTIC
REGISTERED LIMITED LIABILITY PARTNERSHIP**

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

1. The name of the partnership is:

(The name must end with "registered limited liability partnership", "limited liability partnership", "R.L.L.P.", "L.L.P.", "RLLP" or "LLP".)

2. The address of its principal office and the name of the registered agent for service of process in this state is:

If the principal office is not located in this state, the physical address of the registered office and the name of the registered agent for service of process in this state:

3. The mailing address where correspondence and annual report forms can be sent.

4. The partnership engages in the business specified below:

5. The partnership hereby registers as a registered limited liability partnership.

6. This statement of registration has been executed by one (1) or more partners authorized to execute a statement of registration.

Date: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

Signed: _____

Filing Fee: \$100.00

Instructions:

- * The Registration shall be accompanied by a written consent to appointment manually signed by the registered agent.

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

Wyoming Secretary of State
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I, _____, voluntarily consent to serve as the
registered agent for _____
on the date shown below.

The registered agent certifies that he is: (check one)

- ☐ (a) *An individual who resides in this state and whose business office is identical with the registered office;*
- ☐ (b) *A domestic corporation or not-for-profit domestic corporation whose business office is identical with the registered office; or*
- ☐ (c) *A foreign corporation or not-for-profit foreign corporation authorized to transact business in this state whose business office is identical with the registered office.*

Dated this _____ day of _____, _____.

Signature of Registered Agent